

[COMPANY NAME]

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

SALES INVOICE

Invoice #: [00000]

Date: [Date]

PO Number: [PO-000]

CUSTOMER / BILL TO

[Customer Name]
[Company Name]
[Address]
[City, State, Zip]

DELIVERY / SHIP TO

[Warehouse Location/Site Name]
[Attn: Fleet Manager]
[Address]
[City, State, Zip]

Unit ID / VIN	Model & Description (Electric/Propane/Reach)	Mast/Specs	Qty	Unit Price	Total
[Serial #]	[Manufacturer & Model Name]	[Lift Height / Capacity]	[0]	[\$[0.00]]	[\$[0.00]]
[Serial #]	[Manufacturer & Model Name]	[Lift Height / Capacity]	[0]	[\$[0.00]]	[\$[0.00]]

Unit ID / VIN	Model & Description (Electric/Propane/Reach)	Mast/Specs	Qty	Unit Price	Total
Freight & Delivery Fees					[\$0.00]

Subtotal: \$[0.00]
Sales Tax ([0] %): \$[0.00]
TOTAL DUE: \$[0.00]

Notes / Warranty Terms:

[Insert warranty period, battery certifications, or maintenance plan details here.]

Thank you for your business!